

## **Application Data Sheet**

<b>Application Information</b>	
Application Number::	not assigned
Filing Date::	Herewith
Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
Title::	Method and Apparatus for Investigating Layers of Tissues in Living Animals Using a Microscope
Attorney Docket Number::	21295.70 (H5704US)
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	1
Total Drawing Sheets::	1
Small Entity?::	No
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	

<b>Applicant Information</b>	
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Germany
Status::	Full Capacity
Given Name::	Dr. Martin
Middle Name::	
Family Name::	Hoppe
Name Suffix::	
City of Residence::	Waibstadt
State or Province of Residence::	
Country of Residence::	Germany
Street of mailing address::	Bunsenstrasse 24
City of mailing address::	Waibstadt
State or Province of mailing address::	
Country of mailing address::	Germany
Postal or Zip Code of mailing address::	D-74915

<b>Applicant Information</b>	
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Germany
Status::	Full Capacity
Given Name::	Dr. Werner
Middle Name::	
Family Name::	Knebel
Name Suffix::	
City of Residence::	Kronau
State or Province of Residence::	
Country of Residence::	Germany
Street of mailing address::	Hebelstrasse 17/1
City of mailing address::	Kronau
State or Province of mailing address::	
Country of mailing address::	Germany
Postal or Zip Code of mailing address::	D-76709

<b>Applicant Information</b>	
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Germany
Status::	Full Capacity
Given Name::	Dr. Kyra
Middle Name::	
Family Name::	Moellmann
Name Suffix::	
City of Residence::	Trippstadt
State or Province of Residence::	
Country of Residence::	Germany
Street of mailing address::	Koehlerweg 10
City of mailing address::	Trippstadt
State or Province of mailing address::	
Country of mailing address::	Germany
Postal or Zip Code of mailing address::	D-67705

<b>Applicant Information</b>	
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Germany
Status::	Full Capacity
Given Name::	Dr. Rafael
Middle Name::	

Family Name::	Storz
Name Suffix::	
City of Residence::	Heidelberg
State or Province of Residence::	
Country of Residence::	Germany
Street of mailing address::	Blumenstrasse 44
City of mailing address::	Heidelberg
State or Province of mailing address::	
Country of mailing address::	Germany
Postal or Zip Code of mailing address::	D-69115

**Correspondence Information**

Correspondence Customer Number::	29127
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**Representative Information**

Representative Customer Number::	29127
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**Foreign Priority Information**

Country::	Application number::	Filing Date::	Priority Claimed::
Germany	DE 102 51 345.7-35	11/5/02	Yes

**Assignee Information**

Assignee Name::	Leica Microsystems Heidelberg GmbH
Street of mailing address::	Am Friedensplatz 3
City of mailing address::	Mannheim
State or Province of mailing address::	
Country of mailing address::	Germany
Postal or Zip Code of mailing address::	D-68165